## **Attachment D**

_EXPERIENCE QUESTIONNAIRE			1. CONTRACTOR NAME, ADDRESS AND TELEPHONE NUMBER						
INSTRUCTIONS: See Box 11, Remarks, if extra space is needed to answer any item below. Mark "X" in appropriate boxes.									
2. SUBMITTED TO (Office 3. BUSINESS			1		4. How m	any years do you or your fi	rm have in the line of		
Name and Address)		Y Comp	anv	Y Co-partnership		work conte	emplated by this solicitation	1?	
Y Corpo		ration profit Org	on Y Individual it Organization						
5. How many years exper	ience in con	tracting ha	ve you o	your business had as a (a) prime contractor and/or (b) sub-contractor?					
6. List below the projects your business has completed within the last five (5) years which are similar in scope and scale to this job.									
CONTRACT AMOUNT	TYPE OF PROJECT		ECT	DATE COMPLETED	NAMES, ADDRESS AND TELEPHONE NO. OF OWNER/PERSON TO CONTACT FOR PROJECT INFORMATION				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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7. List below all of your f	irm's contra	ctual comn	nitments	running concurrently	with the work contem	plated by this sol	icitation:		
CONTRACT NUMBER	NUMBER AMOUNT N		NO. 0	NAME, ADDRESSS AND TELEPHONE NO. OF BUSINESS/GOVERNMENT AGENCY INVOLVED			PERCENT COMPLETED	DATE CONTRACT COMPLETED	
						····	· · ·		
8a. Have you ever failed to complete any work awarded to you?  8b. Has work ever been completed by performance bond?  8c. If "Yes" to either item 8a or 8b specify location(s) and reason(s) why:									

9. Organization and work that will be available for this project:											
a. (1) Minimum number of employees: and (2) Maximum number of employees:											
b. Are employees regularly on your payroll: Y Yes Y No											
c. Specify equipment available for this contract:											
d. Estimate rate of progress below (such as 2.0 acres/man/day):											
(1) Minimum progress rate: and (2) Maximum progress rate:											
10. List below the experience of the principal individuals of your business:											
INDIVIDUAL'S NAME PRESENT POSITION		YEARS OF MEXPERIENCE		NITUDE AND TYPE OF WORK							
				· · · · · · · · · · · · · · · · · · ·							
11 REMARKS - SPECIFY BO	X NUMBERS (Attach sheets if	extra space is needed to fully answ	er any of the a	bove questions.)							
11. REMARKS - SPECIFY BOX NUMBERS (Attach sheets if extra space is needed to fully answer any of the above questions.)											
CERTIFIC	CATION	12a. CERTIFYING OFFICIAL'S NAME AND TITLE									
I certify that all of the statements i											
correct to the best of my knowledges as references are authorized to furninformation needed to verify my c	ge and that any persons named nish the District with any	12B. SIGNATURE (Sign in ink) 13. DATE									
project.											